



**STATE OF CALIFORNIA  
DEPARTMENT OF INDUSTRIAL RELATIONS  
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH  
OCCUPATIONAL SAFETY AND HEALTH APPEALS BOARD  
OCCUPATIONAL SAFETY AND HEALTH STANDARDS BOARD**

REQUEST FOR ACCOMMODATIONS BY PERSONS WITH DISABILITIES

In the Matter of:	Docket No.(s):
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☐ FORM TO BE KEPT CONFIDENTIAL (If Box Checked)

1. Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Person Making Request is: ☐ Applicant ☐ Attorney ☐ Employer Rep. ☐ Other \_\_\_\_\_

4. Dates accommodations needed (specify): \_\_\_\_\_

5. Impairment necessitating accommodations (specify): \_\_\_\_\_

6. Type of accommodations (specify): \_\_\_\_\_

7. I request that my identity: ☐ Be kept CONFIDENTIAL ☐ NOT be kept CONFIDENTIAL

Date: \_\_\_\_\_

\_\_\_\_\_  
(TYPE OR PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF REQUESTOR)